

C L H Care Homes Limited

306-308 Packington Avenue

Inspection report

308 Packington Avenue
Shard End
Birmingham
West Midlands
B34 7RT

Tel: 01217493739

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10 April 2019

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20 May 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Packington Avenue is residential care home that provides personal care for up to five people. Care and support is provided to people with learning disabilities and /or mental health needs. At the time of the inspection five people were living at the home.

People's experience of using this service:

- People received safe care. Medicines were managed safely; infection control arrangements were effective in reducing cross infections. There were enough staff to support people and keep them safe.
- People were supported by staff with the right knowledge and training.
- Staff involved people in decisions about their care and obtained the necessary consent for the care and support provided.
- Staff ensured people had access to healthcare services by making appropriate and timely referrals and following their recommendations and advice.
- Staff had respectful, caring relationships with people they supported. They respected people's dignity and privacy and promoted their independence.
- People's care and support met their needs and reflected their preferences. The provider upheld people's human rights.
- People were involved when their care plans were reviewed and were actively involved in decision making in relation to their care and support.
- People felt supported and it was apparent from our discussions with staff and what we saw throughout the inspection, that staff cared about people and their well-being.
- There was a positive, open and empowering culture but the service was not consistently managed and well-led. This was because the provider had not ensured their rating was displayed on their website.

Rating at last inspection: Good (Report was published on 5 September 2016).

Why we inspected: This was a planned inspection based on the ratings at the last comprehensive inspection. The rating has remained Good overall.

Follow up: We will continue to monitor the service through the information we receive until we return, as part of the inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led

Details are in our Well-Led findings below.

306-308 Packington Avenue

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

On 10 April 2019 this inspection was carried out by one inspector.

Service and service type: Packington Avenue is a care home. People in care homes receive accommodation and nursing or personal care under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:

We looked at the information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spent time with people in the communal areas of the home and we saw how staff supported the people they cared for.

We spoke with four people who lived at the home and three relatives to find out their views of the quality of the care provided. We spoke with the management team including the deputy manager, registered manager and two care staff.

We looked at a range of records. This included sampling two people's care records and medication records. We also looked at records relating to the management of the home. These included systems for staff recruitment, managing incidents, and the checks undertaken by the registered manager on the quality of care provided.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People told us they liked living at the home and felt safe. A person said, "It's a good place" another person told us, "It's very safe."
- Staff were aware of the signs of abuse and the action to take if they had any concerns. Staff recognised that changes in people's behaviour or mood could indicate that people could have experienced, or be experiencing some form of harm.
- The management team were aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and previous incidents had been managed in line with the provider's procedures.

Assessing risk, safety monitoring and management:

- We saw that known risks were well managed in the home to help keep people safe.
- Individual risk assessments had been completed for people in the home and were followed by staff to reduce the risk of any avoidable harm and provide safe consistent care.
- People were supported to have independence, choice and control of their lives and positive risk taking was encouraged and lifestyle choices were respected.
- The management team and staff showed how through their training and their knowledge of people they were able to reduce anxiety, agitation and stress to improve people's sense of wellbeing. Staff showed empathy and knew how to distract people using safe management strategies. For example, one person's anxiety was reduced if they held a familiar tactile object. Staff made sure they had this when they went out to activities.
- Checks to the home environment were completed to ensure it was safe for people who lived there. These included checks to the fire prevention systems. We identified that a fire drill was overdue. Following our inspection, we were sent evidence this had been rectified.

Using medicines safely:

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- We saw that people received their prescribed medications safely and on time, with clear records maintained of the administration.
- Where people received medicines 'as required', there were clear guidelines in place about when these medicines should be taken, and the reasons they may be required recorded.

Staffing and recruitment:

- Sufficient staff were on duty to meet people's needs. People told us there were enough staff to provide them with the care and support they needed, and staff also confirmed they felt staffing levels were sufficient.

- Safe recruitment practices were followed to ensure staff were suitable to work with people who lived at the home.
- The registered manager advised that all new staff would be expected to have suitable qualifications or would be required to undertake training in line with the Care Certificate Standards.

Preventing and controlling infection:

- The service was well-maintained, clean and tidy throughout. A relative told us, "The home is always clean and tidy."
- Staff were aware of the requirements to prevent the spread of infections to others. They followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong:

- Staff reported incidents and accidents when they occurred, and the management team reviewed them to identify learning and ensure action was taken to reduce the risk of them happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's individual needs including their preferences were assessed before they moved into the home. This way of working supported people's wider diverse needs to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010).
- People's care plans included information known about how any specific support was to be provided in respect of culture, gender or religious needs.

Staff support: induction, training, skills and experience:

- Many of the staff had worked in the home for a lengthy period of time and had received a wide range of training linked to their role.
- Staff received training to meet the individual needs of people who lived at the home. We saw how this benefitted people as staff had the skills and knowledge to perform their roles and responsibilities effectively. One relative told us, "Excellent staff."
- Staff received appropriate support. One member of staff commented, "I get supervision every month but I can raise any issues in between [supervisions]."

Supporting people to eat and drink enough to maintain a balanced diet:

- People told us they enjoyed the food provided. A person who lived at the home said, "It's nice food."
- People were consulted about the menu. Pictures of meals were used to help people in choosing what meals they wanted to eat. This made it easier for people to make their choices.
- People were involved in shopping for food. A range of alternatives were also available for people who had changed their mind about what had been planned.
- People were supported to maintain a healthy diet. At lunchtime staff were permanently on hand to support people if needed.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support:

- Where people required support from health and social care professionals this was arranged and staff followed guidance provided by such professionals. For example, staff worked in collaboration with the community health professionals to support a person with their behaviour.
- People had health action plans in place with detailed information about people's health care support needs. A Health Action Plan is a personal plan about what people need to do to stay healthy.
- Care plans included information about the support people needed to attend health appointments to help the person to feel comfortable and less anxious. One relative told us how staff had worked with the person and enabled them to become less anxious when having blood tests.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People's capacity to consent to their care and treatment was assessed where required.
- Staff had received training about MCA and DoLS and demonstrated a clear understanding of how to support people with decision making. We brought to the attention of the registered manager that one member of staff was unsure which people had an authorised DoLS. The registered manager told us this would be addressed.
- We saw staff asked people for their consent before they provided any support and knew how to communicate information to enable people to understand what they were being asked to consent to.
- Where people were assessed as not being able to make a specific decision, the registered manager and staff followed best interests processes and recorded the involvement and views of those who were important to the person.
- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, and authorisation correctly requested.

Adapting service, design, decoration to meet people's needs:

- The home was spacious and afforded people the opportunity to move around the home freely.
- The standard of decoration was good and had been well maintained. The provider was continuing with a programme of redecoration and refurbishment. For example, the kitchen had recently been refurbished.
- The bedrooms were spacious and had been personalised and decorated as people wished with support provided as necessary by staff. The décor and furniture within each bedroom reflected the tastes, interests and hobbies of the person.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- People were treated with compassion by a caring and respectful staff team. We saw people were comfortable in the company of staff. They were smiling and laughing together.
- When we asked people if staff supported them and treated them well, we received positive responses. One person told us, "Staff are nice."
- Relatives we spoke with said they were happy with the support their family member received. One relative commented, "Staff are all kind and caring." Another relative told us, "I cannot praise the staff highly enough, there are no negative attitudes."
- Staff were sensitive to people's needs. They used gentle and encouraging voice tones when supporting people's mood changes to reduce any deterioration in their mental and emotional wellbeing.
- People's individual needs and diversity were protected and promoted. Staff had ensured that cultural or religious preferences or needs had been noted in care plans so that they would be supported.
- People living in the home enjoyed going out to local shops and venues and requested support from staff when they wanted to go out. We saw that staff negotiated and agreed times that they would be available to provide such support which was accepted by people in the home. Every request made was responded to positively by staff.

Supporting people to express their views and be involved in making decisions about their care:

- People told us staff listened to them and encouraged them to express their views.
- People had regular opportunities to meet with their keyworkers and other staff to help determine and plan their care and activities they enjoyed doing.
- A variety of different methods of communication were used by people with support from staff. Some people made use of pictorial communications aids. Information was available in alternative formats, for example the complaints procedure was available in an easy read version with pictures.

Respecting and promoting people's privacy, dignity and independence:

- People were supported to spend private time in their own rooms or in other areas in the home as they wished.
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- People were encouraged to be as independent as possible, for example they were supported by staff to make their own breakfast.
- People's right to confidentiality was respected and protected appropriately in accordance with General Data Protection Regulation (GDPR). We saw that people's confidential private information was respected

and kept secure.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Each person had an individualised care plan which contained details of known preferences and interests alongside support needs. Staff ensured that the plans were focussed and individual to the person. One relative said, "We get invited to care reviews and are involved in care and consulted."
- People were supported to be involved in planning their care such as providing information in different reading formats and pictorial aids in line with the Accessible Information Standards. The Accessible Information Standards aim to provide people with information which they can easily understand.
 - Staff showed through their practices they supported people in line with their care plans. We saw staff evaluated the person's needs and any changes were noted with the reasons stated.
- People were supported to follow their own interests. For example, some people attended college and one person had been supported to find work experience.

Improving care quality in response to complaints or concerns:

- Systems were in place to promote, manage and respond to complaints or any concerns raised. There had been no recent formal complaints received. One relative had made a suggestion for improvement and this had been acted on.
- People we spoke with did not have any complaints about the service they received. People told us they would tell the registered manager if they were not happy about something. One relative told us, "I feel able to raise any concerns."

End of life care and support:

- The home was not supporting anyone who was receiving end of life care at the time of our inspection. When required, care planning documentation was available. We were told that care plans and related discussions covered these issues and long-term plans would be put in place for people as needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was not consistently managed and well-led.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care:

- The provider was meeting the requirement to display their most recent CQC rating within the service however it was not clearly displayed on their website. They told us they had not realised they were not meeting the regulation in relation to display of ratings. Action was taken by the registered manager and deputy manager to address this when brought to their attention.
- Organisations registered with CQC have a legal obligation to tell us about certain events at the home, so that we can take any follow up action that is needed. We saw from our records that the provider had systems in place to ensure we were usually notified of incidents so that their legal responsibility was fulfilled. However during the inspection we identified a recent incident that we should have been informed of. The registered manager told us this had been an oversight and sent us the required notification without further delay.
- Staff were clear about their roles and responsibilities and told us the team working was very good.
- The registered manager used clear established processes to review the quality of the home provided to continually improve the home. The process had not however, identified that a fire drill was overdue.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- Staff meetings did not take place as we were informed it had proved difficult to get staff to attend these on their days off. As an alternative 'alert sheets' were in place. This was a way for staff to know what changes there were with people's care needs as well as other work issues. The absence of staff meetings meant there was a lost opportunity for staff to have group discussions about the running of the home.
- People who lived at the home, relatives and staff told us they felt supported by the registered manager and could speak with them whenever they wished to.
- The management team positively encouraged feedback and acted on it to continuously improve the service. One relative told us, "The managers are very approachable, I can raise any issues but not felt the need to do. My opinions are sought." Another relative told us, "They take any suggestions on board."
- The registered manager understood the duty of candour requirement to be honest with people and their representatives when things had not gone well.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People who lived at the home and relatives told us they could share their views about the home and express any ideas they had. They told us they could do this during care reviews and meetings, and during daily conversations.

- The provider had an established annual system in place for seeking out and acting on the views and opinions of people and relatives. The latest quality survey results showed that people had expressed a high degree of satisfaction with the service and support provided by the home.

Working in partnership with others:

- Staff worked effectively in partnership with agencies such as health and social care to ensure people's needs were met. People's care plans contained records of meetings and discussions with GPs and social care professionals.